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STATEMENT OF

SECRETARY OF THE SENATE

07 MAY -9 PM 3: 03 MD **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. OR SENATOR ADDRESS (number and street) (Check if address is changed) CITY A ZIP CODE ▲ STATE A COMMITTEE'S E-MAIL ADDRESS aabboH@maine.rr.lom COMMITTEE'S WEB PAGE ADDRESS (URL) www. susancollins. com COMMITTEE'S FAX NUMBER 05 09 2007 DATE C 00314575 FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. A. Abbott, Deputy Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

L	Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2003)
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